



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
JUVENILE REHABILITATION ADMINISTRATION (JRA)

FINANCIAL INFORMATION SHEET INSTRUCTIONS

RE: _____

JRA Number: _____

Date of Birth: _____

Each parent(s) or guardian of a minor child may be liable for a portion of the cost of care for youths in the custody of DSHS and JRA.

Please fill out the enclosed Financial Information Sheet and be as complete as possible in your answers. Mail the completed form in the enclosed envelope to:

OFFICE OF FINANCIAL RECOVERY
PO BOX 9768
OLYMPIA WA 98507-9768

If we do not receive a completed Financial Information Sheet within 15 days of the date of this letter, you will be billed at a default amount of \$2300.00 per month.

If you have any questions, you may call _____

at 1-800-562-6114, Ext. _____, between 8:00 AM and 5:00 PM, Monday through Friday.

Enclosures